AUDIOLOGY ____



Speech-Language Pathology and Audiology Board

1422 Howe Avenue, Suite 3, Sacramento, CA 95825 Telephone: (916) 263-2666 / Fax: (916) 263-2668 www.slpab.ca.gov



APPLICATION FOR LICENSURE

SPEECH-LANGUAGE PATHOLOGY _____

INSTRUCTIONS:

MAIL APPLICATION, APPLICATION FEE, AND ALL RELATED MATERIALS TO THE SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY BOARD (\$60 LICENSE APPLICATION FEE, OR \$25 LICENSE APPLICATION FEE IF COMPLETING THE REQUIRED PROFESSIONAL EXPERIENCE.)

TYPE OR PRINT IN BLUE INK. ALL SECTIONS OF THIS APPLICATION MUST BE COMPLETED.								
1. FULL NAME: LAS		FIRST	MIDDLE					
2 OTHER NAMES VOLLEY	N/E LISED /INCLLIDING MAIDE	NI).						
2. OTHER NAMES YOU HAVE USED (INCLUDING MAIDEN):								
3. *ADDRESS OF RECORD: STREET								
CITY, STATE, ZIP CODE:								
4. RESIDENCE TELEPHONE: BUSINESS TELEPHONE:								
5. SOCIAL SECURITY NUMBER:			DATE OF BIRTH (MM/DD/YY):					
			1 1					
6. EMPLOYER: NAME STREET ADDRESS								
CITY, STATE, ZIP CODE:								
7. FDUCATION.								
7. EDUCATION:								
MASTER'S DEGREE MASTER'S DEGREE EQUIVALENCY								
8. LIST NAME AND LOCA	ATION OF ALL SATISFACTO		ATION AFTER SECONDAR					
INSTITUTION	LOCATION	MAJOR FIELD OF STUDY	DATES ATTENDED	DEGREE RECEIVED AND DATE				

*YOUR ADDRESS OF RECORD IS PUBLIC INFORMATION AND WILL BE RELEASED UPON REQUEST AND MAY BE PLACED ON THE INTERNET.

9.		EN THE EDUCATIONATIONATION OF THE PROPERTY OF AUDIOLO		RVICE/NATIONAL	TEACHER EXAMINATION (NTE) IN SPEECH-	
	YES	NO IF YE	ES, DATE:/_MONTH /	YEAR	YOUR SCORE:(MINIMUM SCORE OF 600 REQUIRED)	
HAVE 1		ESTING SERVICE FORWARD EN LICENSED TO PRA			STO OUR OFFICE. HOLOGY OR AUDIOLOGY IN ANY STATE OR	
	YES	NO				
	A. PLEASE LIST	ANY AND ALL STATES	S IN WHICH YOU F	HOLD A CURRENT	Γ LICENSE:	
11.	IN WHAT STATE	WAS YOUR SUPERVIS	ED PROFESSION	AL EXPERIENCE	OR CFY OBTAINED?	
					DING ANY SPEECH-LANGUAGE PATHOLOGY, D OR HAVE PREVIOUSLY HELD?	
		NO		(IF YES, GIVE	DETAILS ON SEPARATE SHEET)	
		ARTS, OF ANY STATE	?		NGUAGE PATHOLOGY, AUDIOLOGY, OR ANY	
					DETAILS ON SEPARATE SHEET)	
14. F	HAVE YOU EVER	VOLUNTARILY SURRE	NDERED A LICEN	ISE TO PRACTICE	IN THE HEALING ARTS IN ANOTHER STATE?	
					DETAILS ON SEPARATE SHEET)	
		THE UNITED STATES,			O ANY OFFENSE, MISDEMEANOR OR FELONY EPT VIOLATIONS OF TRAFFIC LAWS RESULTING IN	
YOU AR					DETAILS ON SEPARATE SHEET) E SECTION 1203.4 OR UNDER ANY OTHER PROVISION OF THE LAW.	
NOT	_	OGRAPH AND THE S	-		ATTACH 2" X 2" OR 3" X 3"	
	WITHIN SIX	IT BELOW MUST BE ITY (60) DAYS OF TH HIS APPLICATION.		PASSP	ORT TYPE PHOTOGRAPH HERE	
STATEMENT OF APPLICANT						
I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT ALL STATEMENTS MADE HEREIN ARE TRUE IN EVERY RESPECT, AND THAT MISSTATEMENTS OR OMISSIONS OF MATERIAL FACTS MAY BE CAUSE FOR DENIAL OF THIS APPLICATION, OR FOR SUSPENSION OR REVOCATION OF A LICENSE.						
DATE:		SIGNATU	IRE:			
				(SIGNATURE	MUST BE IN BLUE INK)	